



Oregon State Hospital

Oregon Health Authority

PERSONAL PROPERTY
LARGE STORAGE
STORED OFF WARD

Spencer

Name: Barre H

Last

First

Date: 12/16/22

DOB: 4/18/1994

Medical Record Number

Ward:

Personal Items: 1

Coats, Jackets, Bathrobes: 1

2

3

4

5

Slacks, Dresses, Skirts: 1

2

3

4

5

Blouses, Shirts, Tops: 1

2

3

4

5

Shoes, Slippers, Socks: 1

2

3

4

Underwear: 1

2

3

4

5

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Hats:

2 headphones - 2 chargers

1 sun screen

1 Smith + Wesson

1 USB cord

1 flashlight

1 water filter

1 newspaper

2 lighters

1 nail clipper

2 pocket knives

6 pens

1 Orange Backpack

1 Vegan Printer Notebook

Misc. Items: 1

1 black hard drive

1 Emergency Survival Blanket

1 Slide lock (Nite Ize)

1 glass bottle with hair

Signature

Signature

At time

listed

Date:

By:

RECEIVED IN LARGE STORAGE

Communication Form

cm. Vicki

BUCM - Emily

Patient name: Spencer Joseph Barnett

Date: 11/9/22

Medication Concerns (psych or medical):

Community resources (housing, transport, benefits, ID, discharge) (Social worker):

Deborah

How do I get out of here (Case monitor):

Clothing needs (Case monitor):

Legal skills help (Case monitor):

Problem solving (CPS):

~~Package requests (Case monitor):~~

Pain/dental/medical concerns:

Explain:

Property bag: Phone #1's & Paperwork

✓

Would like to retrieve / Hold-onto during my stay

Other: in order to call friends / family & there is a phone

contact list in my property and other important legal
and journal paperwork

giving me some work "nature documentary" called "wild" no app thing

Communication Form

Patient name: Spencer Joseph Barrett Date: 11/9

Medication Concerns (psych or medical):

Community resources (housing, transport, benefits, ID, discharge) (Social worker): Deborah

How do I get out of here (Case monitor):

Clothing needs (Case monitor):

Legal skills help (Case monitor):

Problem solving (CPS):

Account: STB 177

Pain/dental/medical concerns:

Explain: He cannot provide computer access to Pts at this time.

Other: I'd like to enter my Nature documentary in video's in the Oregon State Park Centennial Challenge

from my youtube channel: "ST Barrett" Can someone help?

It was also wondering if I could print

Communication Form

Patient Name Spencer Joseph Barrett Date 11/15/22

☐ Nursing ☐ Provider/Doctor ☒ Social Work ☐ Psychology
☒ Other _____
 to prove fit and have been fit to stand trial

Concern/Need cl do not believe pl should be here... 7/6/15/2022
cl would like: 1) doctor eval 2) court transcripts
3) new lawyer / someone to complain about current lawyer abuse
4) The evaluation made by Isabelle Dousarchissia
dated September 30, 2022 (to understand how I am "un fit")

→ one who actually cares about what I have to say in my past,
present & future and wants to improve a corruptible system.

I need someone who will listen and help me
re-route / re-direct my habeas corpus from my current
lawyer Amy (connected to a real CIVIL RIGHTS lawyer
need) that doctors & lawyers to see me as a complex yet competent
individual interested and capable of assisting a multitude of
persons with flaws: distorted communications, chain of command /
Telephone game

Staff Clarification (if above is unclear): mass scale of de-individualization / disbursement of responsibility

Staff Response (if requested in writing):

All these things are legal issues.
I cannot give legal advice &
suggested fully refer you to your
attorney. Mr. Drake, SW 11/18/22
Whom I cannot contact.
Great!

→ Dawson prayer (at a price) (11/18)

Communication Form

RS: on 11/21/2022

Patient Name Spencer Joseph Barrett Date 11/17/2022

☐ Nursing ☐ Provider/Doctor ☒ Social Work ☐ Psychology

☒ Other _____

Concern/Need

• help getting a divorce and securing the safety of my daughter amidst a mother w/ PostPartum Syndrome thoughts and behavior. How to ensure her health and happiness during my absence. (lawyer does not respond... who can I contact)

• access to higher education tools and resources such as a larger library (wikipedia can be downloaded onto devices for offline use) and contains a vast amount of knowledge & multiple verifiable sources

• simple science experiments & methodologies & more diverse

• more teamwork / trust-building exercises to feel more apart of a community and less alienated / expendable

• essential for identity development

• more things to care about - like plants / gardens or reserved animals

• ways to connect w/ the Outside world & past life work

Staff Clarification (if above is unclear):

* I am willing to write a letter to the admin / re-exposure governor for other potential sponsors to that regarding bullet points #2-5 but still need world assisted reading bullet point #1

Thank you for your consideration

not help for response - "can only help w/ 'legal skills'" (note cards not real legal skills...)

Staff Response (if requested in writing): "don't know what to do about someone who doesn't want to be found... (wife)..."

Thank you Mr. Spencer for putting your needs. I expect you should contact with an attorney regarding your wife's daughter. Patients who are at the hospital for sedation / evaluation do not have access to the internet. Many of the interventions & coping activities you have listened may be available once you charges are resolved & you return back to the community. You were ordered to the hospital for restoration and you are making steady progress. Your evaluation is currently scheduled for 11/14/23.

Place completed form in the grievance box

Please Print

Patient Name:

Spencer Joseph Bancett

Unit:

~~Anchor~~ Leaf 2

Your Grievance:

→ HAVE NOT RECEIVED RECORDS AFTER MORE THAN 3 WKS SINCE
GRIEVANCE # 2022-347

D:2; "The Patient has the right to access information in his or her clinical records within a reasonable time frame in order to discover the evidence the provider used to send me to OST as well as any discoveries since my being admitted on November 3rd 2022, I requeste a copy of all records on file and also filled out a R.D.I. form to view the report filed by Isabelle Dousarkissian PsyD, dated September 30, 2022, via Anchors & communication form's dated 11/15/22 & 11/28/22 and How have you tried to resolve this issue? have yet to receive feedback

I have repeatedly asked my attorney as well as OST staff member via communication forms.

Patient Signature:

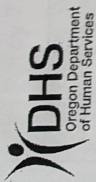
Spencer Joseph Bancett

Date:

12/7/22

Printed name of staff or representative who helped fill out this form

N/A



Request for Access to Records



Full last name of individual: <i>Barnett</i>	First name: <i>Spencer</i>	MI: <i>J</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph (middle name)</i>			
Mailing address, city, state and ZIP of individual: <i>Oregon State Hospital, Leat 2, 2600 Center St NE, Salem, OR 97301</i>			
O Prime ID / O Case number / SSN: <i>677-20-2350</i>			
Phone number of individual (optional):			
E-mail address of individual (optional):			
I want to (select only one): <input type="checkbox"/> Review the record <input checked="" type="checkbox"/> Receive copies			
Program or agency holding record: <i>Oregon State Hospital</i>			
List the type of record or information requested: <i>all records on file</i>			
List the dates or time period for the record requested: <i>11/3/22 - 12/10/22</i>			
receiving copies, select the preferred format to receive the record:			
<input checked="" type="checkbox"/> Mail	<input type="checkbox"/> Email	<input type="checkbox"/> Pick up in person	<input type="checkbox"/> CD <input type="checkbox"/> Other portable electronic media

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement		
Full legal signature of individual or a person legally authorized to act on behalf of the individual: <i>Sam John Barnett</i>		
Date: <i>12/9/22</i>		
Legal last name of representative (if applicable):	First name:	MI:
Personal representative authentication:		
Relationship to individual:		

See Page 2 for client rights information.

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Leat 2</u>	
Describe your grievance: <u>Excessive Yelling</u>	

Date Received: 12-19-22

Grievance #: 22-3168

A fellow patient, Trevor H., continuously yells in his room across the hall from mine. Over w/ earplugs I have trouble concentrating or napping when he begins his "fits" which last 30 min to an hour multiple times a day.

What have you done so far to address your grievance? This form

What is your desired outcome? That he get the appropriate help he needs to learn healthier, less disruptive behavior or that I be move to another unit w/ more stable patients, who do not constantly yell.

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No

Patient Signature: Spencer Joseph Barrett Date: 12/16/2022

Printed name of staff or representative who helped fill out this form:

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

22-368
intended to
attach to
22-364 -
"fake
News"

New Grievance 12/12

ack of assistance
w/ resolving "conscious triggers"
refer to (12/18 Requests)

problem should be a "fun
challenge, not life long
depression"

conscious problem solving
NOT

I)

suppression, repression, helpless accept-
Hypnosis giving
accept-
and)

in regards to personal problem / griefs before
and during confinement
2) collective problems expressed in

newspaper articles, music lyrics (cries for help
why get up for another let down (mp3 played during
fitness; outside 9-10am, reminiscent of Blink 182 genre)
b) Times article (Dec 5/12, 2022; "Jay Inslee" &
questions p80) "accelerating
climate change"

1) a) identity "issue" - not being "seen" / invisible,
not believing people (for lack of ability to verify
or prove their claims / stories / "facts"

1) a) i) solution: past work / record / proofs
solves: 1) c) questioning memories w/ out record
why its necessary to question memories, the
science of the narrative conscience, manufact-
uring false memories using bits of info, skepticism
bias of others (projection? transference)

2) c) Positive media / solutions instead of constant beating
w/ fear / shock value (non local media)
quest w/ 1) a-c promote what others are doing and
what you can do

rammed
in articles:
"much = war"
type "involvement"
a daily
at 5pm
etc)
long w/
UK
UK
UK

Patient Grievance: Grievance Committee Response

Grievance # 22-368

Finding #1: We cannot discuss another patient's treatment due to patient confidentiality (HIPAA). Unit staff are aware of issues like this on the unit and work to provide a safe and therapeutic environment for all patients. If you are feeling frustrated, we encourage you to speak with staff.

Finding #2: The unit quiet room, sensory room, and various TXM activities are available options for you to get away from the noise of the unit. Nursing staff will continue to do their best in encouraging a therapeutic milieu as well.

Finding #3: Administration oversees patient unit transfers. There is no urgent clinical need to move you to another unit. Leaf 2 will continue to problem solve with you on this issue.



Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

Help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph BarnettInit: Leaf 2Describe your grievance: Fake News (or lack of positive media / Peace education / relevant (local) groups & solution to ongoing / repetitive problems in the news & other media)

Amendment Right to

dom of Press / Speech / Religion / Association

I have been denied access to my preferred
-profit News source and as a result am
-enancing Identity Issues & hopelessnessWhat have you done so far to address your grievance? Asked Staff to print my
earned positive media but denied for # of pages
ch total ~100-200 ~~pages~~What is your desired outcome? A single copy of "Green City!" & "cMAGul
be printed from the Archive.org public user
file: STB177 & A list of Videos created by YouTube
Full (non) account/channel: S.J. Barnett
would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ NoPatient Signature: Sw Joseph Barnett Date: 12/15/2022Printed name of staff or representative who helped fill out this form: See 2 attached pagesIn addition to the OSH grievance process, complaints can be filed with the state agency that
is licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance: Grievance Committee Response

Grievance # 22-369

Finding #1: The Statesman's Journal is the only OSH Salem newspaper that LF2 receives. If there is another newspaper that you would like to read, you could ask someone outside of OSH to order a subscription for you. Have them send it to: Spencer J. Barrett Leaf 2 unit 2600 Center St. NE, Salem OR 97301. Remember to cancel your subscription before you discharge.

Finding #2: Nursing staff are not able to print large sets of documents for you. In addition, they cannot log onto any of your online accounts. The rationale for this is that patients sent to OSH under the .370 law do not have internet access (same as when you were in county jail.) Limited computer access is available at the Law Library on Thursdays between 1-2 pm. The Law Library policy states patients can print/copy up to 20 pages each week at no cost.

Patient Grievance



Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Barrett

Unit: Lea 2

Describe your grievance: Medical Records

For Staff use only
Date Received: <u>1/9/2023</u>
Grievance #: <u>23-2</u>

I have still not received all my medical records on file, this is the 5th Request. Please respect my patient rights and desire for transparency and accountability. I have already filled out multiple release forms.

What have you done so far to address your grievance? multiple grievance and communication forms over 2 months (beginning w/ first request ~ November 16)

What is your desired outcome? to receive my medical record - to be respected for my requests.

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No, it
Patient Signature: Spencer Joseph Barrett Date: 1/8/2023 seem to help - they are
Printed name of staff or representative who helped fill out this form:

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

experiencing a
diffusment of
responsibility

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Steven Joseph Baranett

Unit: Leaf 2

Describe your grievance: my roommate,

it is not natural or helpful for me to share a room w/ someone who angrily/loudly pushes buttons on his video game and doesn't reply to the things I say. We are meant to work in teams/tribes, not artistically ignore each other. I cannot focus on what

What have you done so far to address your grievance? He said (m -

important (such as the things I talked w/ Amy about)

- Talking at him (2) - (don't know if he does not respect my hyper-sensitivities to the rapid click of his mouse)

and my inability to focus on important issues, such as

What is your desired outcome? a team that cares about me and the or cares about the same things, people play video games instead of helping things I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☐ No I don't know

Patient Signature: Steven Joseph Baranett Date: 1/12/23 is willing to be transparent and engage in real conversation

Printed name of staff or representative who helped fill out this form:

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Leat 2</u>	Date Received: <u>1/3/23</u>
Describe your grievance: <u>Distracting (non-urgent) roommate</u>	Grievance #: <u>23-4</u>

Roommate and a non-transparent Team that doesn't appear to care about the same things I do. I have still not heard back from Amity in a week and I want a team that cares about environmentalism, civil rights and peace activism. My roommate plays his game boy so loudly I cannot focus on what's really important.

What have you done so far to address your grievance? Talked to roommate

① To have no roommate and ② to have a team engaged in real world solutions outside their

What is your desired outcome? To be in an environment that cultivates conscious problem solving instead of job hypnosis/medication/oppression/suppression/repression
I want to view my (DT teams Doctoral Thesis' & works A team I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No that

Patient Signature: Spencer Joseph Barrett Date: 1/2/23
 Printed name of staff or representative who is in stead of just proving me to trust them and came up with college education
 helped fill out this form:

In addition to the OSH grievance process, complaints can be filed with the state agency that they has licensure survey responsibility over OSH. See Patient Rights Board for information. Will listen, no one seems to care

or take responsibility

Patient Grievance



Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Barrett

Unit: Leaf 2

Describe your grievance: Roommate

For Staff use only
Date Received: <u>1/13/23</u>
Grievance #: <u>23-5</u>

I DO NOT GET AS GOOD OF SLEEP WHEN I AM FORCED TO SHARE A ROOM WITH A RANDOM PERSON WHO DOES NOT SHARE THE SAME BELIEFS AS ME, INTEREST OR HISTORY IN THE SAME THINGS. I CANNOT FOCUS ON MY OWN SELF WHEN TRAPPED IN A ROOM W/ ONLY ONE EXIT & NO VIDEO SURVEILLANCE ACCOUNT-

What have you done so far to address your grievance? GRIEVANCES ABILIT
IT IS NOT NATURAL TO FORCE RANDOM PEOPLE WHO DONT KNOW EACHOTHER TO SHARE A ROOM. ATLEAST JAIL OFFERS PROTECTIVE CUSTODY SOLITARY CONFINEMENT.

What is your desired outcome? A SINGLE ROOM

NO ROOMMATE OR TRANSFER BACK TO JAIL WHERE I FEEL SAFER. THIS IS NOT HELPING MY MENTAL HEALTH - IT IS MAKING IT WORSE.

I would like to discuss my grievance with a Grievance Committee member ☒ Yes ☐ No

Patient Signature: Spencer Joseph Barrett Date: 1/13/23

Printed name of staff or representative who helped fill out this form: _____

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

Patient Grievance

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barrett</u>	For Staff use only
Unit: <u>Unit 2</u>	Date Received: <u>1-17-23</u>
Describe your grievance: <u>MAIL</u>	Grievance #: <u>23-6</u>

STAFF UPS SAYS A PACKAGE WAS
DELIVERED ON DECEMBER 15TH
FROM ASHLAND POLICE DEPARTMENT
WHERE IS IT?

What have you done so far to address your grievance? Talked to
staff, sent letter to staff, called the mail
department

What is your desired outcome? FOR SOMEONE TO
CARE for atleast pretend to care and
actually help me out - this place is horrid
I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☒ No

Patient Signature: Spencer Joseph Barrett Date: 1/17/23
Printed name of staff or representative who
helped fill out this form: _____

In addition to the OSH grievance process, complaints can be filed with the state agency that
has licensure survey responsibility over OSH. See Patient Rights Board for information.

INTERNAL USE ONLY
OSH Grievance Form Page 1
JUST MAKE MY MAIL NO-I WANT
TO KNOW WHERE
MY MAIL IS

emailed 1-17-23



Patient Grievance OSH and OHA Review

Patients must complete the grievance process in order. Refer to the Grievance Process handout, available on all units, for more information.

I am requesting (check one):

- ☒ **OSH Review:** The OSH Ombuds Office will review your grievance and provide you with a written response.
- Attach a copy of your original grievance and the unit's response, unless a response has not been provided within 7 days of the date received by the hospital.
 - Use the space on the back of this form to explain why you were not satisfied with the unit's response to your grievance or a statement explaining that the unit's response was not provided within the required timeframe.
 - OSH Reviews must be requested no more than 14 days after you received the unit's response. You may request an exception to this requirement using the space below.

- ☐ **OHA Review:** The OHA Director will review your grievance and provide a written response. This response is final.
- Attach a copy of your original grievance and the unit's response, unless a response has not been provided within 7 days of the date received.
 - Attach a copy of your OSH review request and response, unless a response has not been provided within 14 days of the date received by the hospital, excluding weekends and holidays.
 - Use the space on the back of this form to explain why you were not satisfied with the OSH review response or a statement explaining that the OSH review response was not provided within the required timeframe.
 - OHA Reviews must be requested no more than 14 days after you received the OSH Review response or, if you did not receive an OSH review response no more than 28 days after submitting your OSH review request. You may request an exception to this requirement using the space below.

it is necessary for multiple reasons that I have access to my medical records and the ability to make statements regarding information documented (Policy 7.014; c; 4 (Oregon State Hospital policies and procedures, Approved: Dolores Matteucci, Superintendent)

Date: November 8, 2018

in order to be as objective and impartial as possible it is necessary for any evaluators to state their own ideas, beliefs, actions history they may be susceptible to projecting onto the evaluated

- it is unfair to ask for transparency when one is not willing to be fully transparent themselves (which I am ready and willing w/ reference to my own understanding of psychology is "conscious culture" context may it is a fallacy for you, a total stranger to project onto me motives and emotions you think are appropriate

• Protection of legal rights and ~~rights~~ ^{studies} my right to discovery

• referenced relevant psychology experiments: teach self fulfilling prophecy, confirmation bias, stereotype threat, boomer effect, Lucifer effect (Stanford prison experiment), on being sane in insane places (Rosenhan), bystander interventions; diffusion of responsibility, learned helplessness, obedience to authority (Milgram), conformity (Solomon asch)

(view last 16 pages "references" of pdf "cc mag", on my public profile
STB177 on archive.org)

Place completed form in the grievance box

Use one form for each grievance.
To help staff investigate, include as much detail as possible about your concern.

Patient Name: <u>Spencer Joseph Barnett</u>	For Staff use only
Unit: <u>Leat 2</u>	Date Received: <u>1-17-23</u>
Describe your grievance: <u>Too Many distractions</u>	Grievance #: <u>23-7</u>

Too much noise/nonsense
even in the quiet room I can hear people pacing
back and forth "gathering"/talking to themselves,
yelling, and worse of all, not interested in real
conversation/consideration. I would like to be on
a unit that does not have constant annoying
What have you done so far to address your grievance? Politely ask them to

leave when I'm watching a movie or working disturbance
by myself. Or I politely ask them to stop talking to
themselves or to do it somewhere else so I can
focus on my own work.

What is your desired outcome?
To be in a space of like minded, considerate
individuals. There are only 2 main distractions/new,
arrivals who are causing the most stressful noise.
I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☒ No

Patient Signature: Spencer Joseph Barnett Date: 1/16/23
Printed name of staff or representative who
helped fill out this form:

They do not seem
In addition to the OSH grievance process, complaints can be filed with the state agency that
has licensure survey responsibility over OSH. See Patient Rights Board for information. "fit in"
real mental health w/ this unit and I suggest
putting all the people who
talk to themselves in the same
area away from people who don't have that problem
INTERNAL USE ONLY
OSH Grievance Form
Page 9/20/22

Legal last name of individual: <i>Barnett</i>	First name: <i>Spencer</i>	MI: <i>J.</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph</i>			
Mailing address, city, state and ZIP of individual: <i>unit: Leaf 2, Oregon State Hospital, 2600 Center St. N.E. 97301</i>			
<input type="radio"/> Prime ID / <input type="radio"/> Case number / <input checked="" type="radio"/> SSN: <i>047-20-2350</i>			
Phone number of individual (optional):		E-mail address of individual (optional):	
I want to (select only one): <input type="checkbox"/> Review the record <input checked="" type="checkbox"/> Receive copies			
Program or agency holding record: <i>Oregon State Hospital</i>			
List the type of record or information requested: <i>all records on file</i>			
List the dates or time period for the record requested: <i>11/3/2022 - '12/2023</i>			
receiving copies, select the preferred format to receive the record: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick up in person <input type="checkbox"/> CD <input type="checkbox"/> Other portable electronic media			

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement		
Full legal signature of individual or a person legally authorized to act on behalf of the individual: <i>Joe Joseph Barnett</i>		Date: <i>1/2/2023</i>
Legal last name of representative (if applicable):	First name:	MI:
Personal representative authentication:		Relationship to individual:

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION

ADULT IN CUSTODY (AIC) GRIEVANCE FORM

(If you need additional space to write, please attach a separate sheet.)

AIC NAME

AIC#

GRIEVANCE CONTROL NUMBER

DATE

HOUSING

DECISION/ACTION THAT I AM GRIEVING:

I TRIED TO SOLVE THIS GRIEVANCE BY:

THE RESOLUTION I AM SEEKING IS:

AIC SIGNATURE:

DATE

RESPONSE FROM THE EMPLOYEE BEING GRIEVED:

EMPLOYEE'S SIGNATURE

DATE

AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND:

(INITIAL ONE OF THE FOLLOWING)

I ACCEPT THE EMPLOYEE'S RESPONSE

I REQUEST SUPERVISOR REVIEW

DATE

HEARING HELD: YES NO ☒ DATE

YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND:

SUPERVISOR SIGNATURE:

DATE

AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND:

(INITIAL ONE OF THE FOLLOWING)

I ACCEPT THE SUPERVISOR'S RESPONSE

I REQUEST LIEUTENANT REVIEW

DATE

LIEUTENANT REVIEW:

LIEUTENANT SIGNATURE

DATE

M78-350

Revised 1/21

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM

(If you need additional space to write, please attach a separate sheet.)

AIC
COR

AIC NAME Burrott Spencer AIC# 3918942 DATE 9-14-22 HOUSING 1308
GRIEVANCE CONTROL NUMBER 2022-344

DECISION/ACTION THAT I AM GRIEVING: There is no pencil sharpener in my Department Section East 4000 J and I need to prepare writings to mail out to the Coroner and other legal parties but am unable to write and edit my drafts due to the lack of pencil sharpener. Oregon Constitution: Section 41.21: Correctional facilities shall be designed to develop in inmate motivation work capabilities and cooperation. 169.076.14: Plans to access legal materials shall be protected of access includes abilities to 119.076.10: Followed w/ out censorship or denial of materials required to perform ongoing communications. I TRIED TO SOLVE THIS GRIEVANCE BY: Asking deputies to replace/reinstall pencil sharpener or to allow me another pencil - which they have forgotten along w/ many other requests

THE RESOLUTION I AM SEEKING IS: To re-install the pencil sharpener in this housing section 4000 J and to create a work policy where deputies cultivate hopefulness with inmates instead of neglect and hatred based distrust that has lifelong consequences for all parties

AIC SIGNATURE: Burrott Spencer DATE 9-14-22
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: A maintenance request was submitted today to install a pencil sharpener in 4000 J

EMPLOYEE'S SIGNATURE Burrott Spencer DATE 9-21-22
AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: It is 11:30pm 9/23 and still no pencil sharpener has been installed
I ACCEPT THE EMPLOYEE'S RESPONSE ☒ I REQUEST SUPERVISOR REVIEW DATE 9-23-22

HEARING HELD: YES ☐ NO ☒ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND:
A work order has been submitted to replace the pencil sharpener. Until then, you may request to have your pencils sharpened during your drop-in time. I have been advised that this has already been done for you.

SUPERVISOR SIGNATURE: Sgt. Medade DATE 9/26/22
AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: When I write these grievances I'm not justifying training of myself but everyone else in here and the deputy who are not always report side to request or they

I ACCEPT THE SUPERVISOR'S RESPONSE ☒ I REQUEST LIEUTENANT REVIEW DATE _____
LIEUTENANT REVIEW: Your request was made & a solution offered, that is reasonable.
LIEUTENANT SIGNATURE Lt. Medade DATE 9/30/22
M78-350 Revised 1/21/20

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM

(If you need additional space to write, please attach a separate sheet.)

AIC NAME Berrett, Spencer AIC# 3928942 DATE 9-15-22 HOUSING 1J08
GRIEVANCE CONTROL NUMBER 2022-347

DECISION/ACTION THAT I AM GRIEVING: Being punched in the face (assaulted) while reading the bible out loud on 9/16/22 @ 1230-1240 pm in East Annex North - protective custody.
Deputies allow inmates to scream and bang all night and blast Fake News TV all day but when I use my first Amendment right to read the Bible out loud I am threatened by 2 inmates assaulted by 1 and made fun of by the Deputy - who punished me afterwards by moving me into a dirty cell that reeked of urine and has less amenities than my previous cell. I was not allowed to clean my clothes (uniform) one day later even after multiple requests and complaints of the smell and conditions. I TRIED TO SOLVE THIS GRIEVANCE BY: pressing charges, calling my lawyer, entering solo status, and filing this grievance. I had requested to be moved to a new cell outside of the dining hall and air quality and screaming windows etc and am still in solo after being told it would be moved. I am seeking IS: better procedures in place; faster response time and care to discipline individuals in protective custody before things get out of hand.

AIC SIGNATURE: [Signature] DATE 9/16/22
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: You were moved to a new pod and made solo status on Sept. 6, the day of the incident in 1N pod, and the person who assaulted you was issued a Discard report. Deputies do their best to observe AIC behavior and prevent assaults whenever possible.

EMPLOYEE'S SIGNATURE Sgt. Clinton DATE 9-22-22
AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: I was asked if I wanted to press charges and I said yes - I am going to get an Assault charge from the court?
I ACCEPT THE EMPLOYEE'S RESPONSE ☒ I REQUEST SUPERVISOR REVIEW DATE 9-23-22
HEARING HELD: YES ☐ NO ☒ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: The incident report was forwarded to the DA's office for consideration. Case # 22-5062. It is up to the DA's office to decide to press charges.

SUPERVISOR SIGNATURE: Sgt. M. S. Jr. DATE 9/26/22
AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: Thank you for the reference # and information
I ACCEPT THE SUPERVISOR'S RESPONSE ☒ I REQUEST LIEUTENANT REVIEW DATE _____
LIEUTENANT REVIEW: _____

Grievance closed as resolved.
LIEUTENANT SIGNATURE _____ DATE 9-28-22 Revised 1/21
M78-350

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM
(If you need additional space to write, please attach a separate sheet.)

AIC
AIC

AIC NAME Barrett, Spencer AIC# 3928942 DATE 9-21-22 HOUSING 1J08
GRIEVANCE CONTROL NUMBER 2022-350

DECISION/ACTION THAT I AM GRIEVING: OKS 169.076.14: I shall have 14 days to access legal materials shall be restricted. I get it takes multiple days to grant access to the Law Library after a request is made. And by the time it is granted, the 50 min allowed is no where near what is needed for any manner of discovery. This also goes for access during Day Room. I read the OKS book, in only 50 min. (classroom) school even that short.
Access to legal materials should not be such a hassle and I have yet to receive and envelope to mail the Grievance - which is my right as I have no funds and request it multiple times
I TRIED TO SOLVE THIS GRIEVANCE BY: Filing this grievance

THE RESOLUTION I AM SEEKING IS: Policy change, longer access to Law Library or allow seriously interested inmates access to borrow paper copies for cell use and study, allow those interested their own OKS book or condensed version
AIC SIGNATURE: Spencer Barrett DATE 9-23-22
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: The Law Library is used by multiple AICs. We currently only have 1 computer, so there are time limits. We do not have paper copies because everything is on the computer. There is no printer. After you are done with a visit just need to request on a kiosk again. You are not limited in the number of visits you can make during your lodging. Your request to need to meet the usage guidelines. The OKS is also shared and for Dayroom use only. You have an Attorney assigned to you. They are there to help with legal research.

EMPLOYEE'S SIGNATURE McClure DATE 9/28/22
AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: My Attorney never picks up the phone or responds to my messages so that doesn't work. This is not what I need. I need a law library and OKS. We will continue to provide you with the services you request as much as possible
HEARING HELD: YES ☒ NO ☒ DATE 10-6-22 TIME 10:10
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: There is no evidence that OKS is not possible
I ACCEPT THE EMPLOYEE'S RESPONSE ☒ I REQUEST SUPERVISOR REVIEW DATE 10-6-22

SUPERVISOR SIGNATURE: [Signature] DATE 10-6-22
AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: Thank you for trying to resolve my grievance. But I am not happy with the response. I need a law library and OKS. We will continue to provide you with the services you request as much as possible
I ACCEPT THE SUPERVISOR'S RESPONSE ☒ I REQUEST LIEUTENANT REVIEW DATE 10-10-22

LIEUTENANT REVIEW: Grievance closed as resolved.

LIEUTENANT SIGNATURE [Signature] DATE 10-10-22 Revised 1/21
M78-350 KEYSID 1/21

LANE COUNTY SHERIFF'S OFFICE
CORRECTIONS DIVISION
ADULT IN CUSTODY (AIC) GRIEVANCE FORM

(If you need additional space to write, please attach a separate sheet.)

AIC NAME Brett, Spencer AIC# 3928942 DATE 9-21-22 HOUSING 1J08
GRIEVANCE CONTROL NUMBER 2022-351

DECISION/ACTION THAT I AM GRIEVING: 16A.076, 10: forward without examination or censorship each prisoners outgoing communications to general jail administrator attorney general, dep. of corrections, etc. Just I have not been given anything other than kite, even though I requested envelopes by commissary and by kite several times and even my kites to the jail admin or she said were returned examined and with my response from the reviewed parties - who I have a right to contact yet have been given no other possible forms of communication.

I TRIED TO SOLVE THIS GRIEVANCE BY: Requesting envelopes by kite and by commissary

THE RESOLUTION I AM SEEKING IS: Stamped envelopes to mail governor and ACLU and also the court so I can file my writ of Habeas Corpus because my attorney is not responding to any communications. Policy change to make access easier a attorney is not responding to any communications. Policy change to make access easier a attorney is not responding to any communications. Policy change to make access easier a attorney is not responding to any communications.

AIC SIGNATURE: Brett DATE 9-23-22
RESPONSE FROM THE EMPLOYEE BEING GRIEVED: On 9/26/22 I responded to your kite request. You were sent 2 envelopes one addressed to the ACLU and the other addressed to the Office of the Governor.

EMPLOYEE'S SIGNATURE J. McC DATE 9/28/22
AIC: I HAVE REVIEWED THE EMPLOYEE'S RESPONSE AND: Thank you that took awhile but I appreciate it. It is frustrating w/out proper resources to engage in any research or action required. We could it should be the hassle I was I was never going to get the case closed.
☒ I ACCEPT THE EMPLOYEE'S RESPONSE ☐ I REQUEST SUPERVISOR REVIEW DATE _____
HEARING HELD: YES _____ NO _____ DATE _____ TIME _____
YOUR GRIEVANCE HAS BEEN REVIEWED AND I FIND: _____

SUPERVISOR SIGNATURE: _____ DATE _____
AIC: I HAVE REVIEWED THE SUPERVISOR'S RESPONSE AND: _____
(INITIAL ONE OF THE FOLLOWING)
☐ I ACCEPT THE SUPERVISOR'S RESPONSE ☐ I REQUEST LIEUTENANT REVIEW DATE _____
LIEUTENANT REVIEW: _____

Grievance closed as resolved.
LIEUTENANT SIGNATURE _____ DATE 9-29-22 Revised 1/21
M78-350

Lane County Sheriff's Office
Adult Corrections Division

INMATE REQUEST FORM Hoja de Petición de Preso

Name: Spencer Joseph Burnett AIRS #: 3922942 Housing Unit: 14 Date: 2/7/23
Nombre Fecha

Request To: (Check One Only)
Petición dirigida a: (Marque uno nada mas)

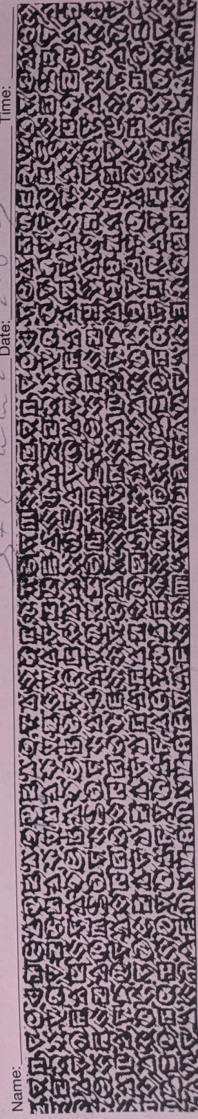
☐ Shift Supervisor
☐ Supervisor
☐ Classification
☐ Clasificaciones
☒ Other
☐ Mental Health Services
☐ Servicios de Salud Mental
☐ Medical Services
☐ Servicios Médicos
☐ Alcohol/Drug Services
☐ Servicios de Alcohol/Drogas
☐ Inmate Work Program
☐ Programa de Trabajadores Presos
☐ Education
☐ Educación
☐ Chaplain
☐ Capelán

Request: (Describe Situation)
Petición: (Explique la situación)

I would like a grievance form from the prison regarding my mental health diagnosis. I have been diagnosed with a disability under the Americans with Disabilities Act. I had requested to be moved from my cell 1A107 because the window and air ventilation reduced my mental health which is essential for me to maintain fitness upon release. I am due for trial no later than March.

Response:
Repuesta:

Grinace 2023-056 1551



Congress OKs prison-repair mandate

Michael R. Sisak
ASSOCIATED PRESS

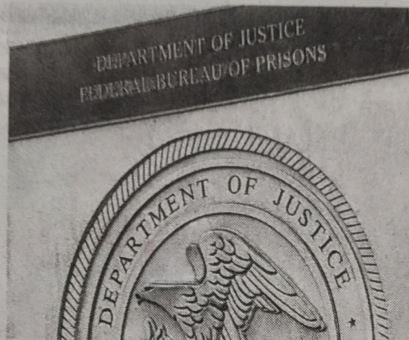
WASHINGTON - Congress has passed legislation requiring the federal Bureau of Prisons to overhaul failing and outdated security systems in the wake of rampant staff sexual abuse, inmate escapes and high-profile deaths.

The bill, approved by the House on a voice vote Wednesday, would force the troubled prison agency to fix broken surveillance cameras and install new ones, providing upgraded tools to fight and investigate staff misconduct, inmate violence and other problems.

The Prison Camera Reform Act, which the Senate passed last year, now goes to President Joe Biden to be signed into law.

"Broken prison camera systems are enabling corruption, misconduct and abuse," said the bill's sponsor, Sen. Jon Ossoff, D-Ga. He has led multiple investigations of crime and corruption in federal prisons as chairman of the Senate Permanent Subcommittee on Investigations, part of the Senate Homeland Security and Governmental Affairs Committee.

The bipartisan legislation would require the Bureau of Prisons to evaluate and enhance security camera, radio and public address systems at its 122 facilities. The agency must submit a report to Congress within three months detail-



Bipartisan legislation now awaiting the president's signature would require the Bureau of Prisons to evaluate and enhance security camera, radio and public address systems at its 122 facilities. MARK LENNIHAN/AP FILE

ing deficiencies and a plan to make needed upgrades. Those upgrades are required within three years, and the bureau must submit annual progress reports to lawmakers.

Failing and inadequate security cameras have allowed inmates to escape from federal prisons and hampered investigations. They were an issue in the deaths of gangster James "Whitey" Bulger at a federal prison in West Virginia in 2018 and financier Jeffrey Epstein at a federal jail in New York City in 2019.

Cameras captured inmates going into Bulger's cell, but not the assault that

ended his life - due to limitations on how they can be positioned.

In Epstein's case, some cameras malfunctioned while others revealed that guards failed to make some required half-hourly checks, and footage of his apparent suicide attempt a few weeks earlier was lost "as a result of technical errors," prosecutors said.

The House vote came just a day after Ossoff's subcommittee heard testimony from three formerly incarcerated women who said staff abused them in areas of federal prisons that lacked cameras.

The Justice Department's internal watchdog testified that deficiencies with security cameras in federal prisons have compromised investigations into such ills as sexual assault, the introduction of contraband, violations of civil rights and inmate deaths. The inspector general, Michael Horowitz, noted that cameras are also integral to disproving false allegations.

In introducing the camera bill last year, Ossoff said that blind spots, lost footage and technical failures were unacceptable. He said federal prisons "must be cleaned up and held to the highest standards."

The legislation also had the backing of the leaders of the Senate Judiciary Committee - the chairman, Sen. Dick Durbin, D-Ill., and the top Republican, Iowa Sen. Chuck Grassley.

Place completed form in the grievance box

Use one form for each grievance.

To help staff investigate, include as much detail as possible about your concern.

Patient Name: Spencer Joseph Baneth

Unit: Unit 2

Describe your grievance: I don't feel safe -

For Staff use only
Date Received:
Grievance #:

sharing a room w/ Nicholas or anyone here for that matter - I need my own room: I had slept in the sensory room or TV room for the past 2 weeks until I learned so sleep deprived I went back only to not get any better sleep and wake up to my roommate standing over me he also has a brother who he said is proud of killing someone at the OSH and told me he thinks my eyes are

What have you done so far to address your grievance?

Asked multiple times

black, changing shape and demonic.

for my own room

I also have a fear that is justified due to my activation and publication that I will be released: I for instance I'm posting and circulating Noam

What is your desired outcome?

FOR A SINGLE ROOM UNTIL I

AM DISCHARGED ON THU 3/25

Cheney's claim: if the members later were applied then every part was president would be charged against I would like to discuss my grievance with a Grievance Committee member ☐ Yes ☐ No anti-

Patient Signature: for Joseph Baneth

Date: 1/27/22

Printed name of staff or representative who helped fill out this form:

Donna
Whistle
blowing

In addition to the OSH grievance process, complaints can be filed with the state agency that has licensure survey responsibility over OSH. See Patient Rights Board for information.

"security"
felt safer under video surveillance

RECEIVED

By Lyann at 6:44 am, Dec 30, 2022

Oregon Department
of Human Services

Request for Access to Records

Oregon
Health
Authority

Legal last name of individual: <i>Barett</i>	First name: <i>Spencer</i>	MI: <i>J</i>	Date of birth: <i>04/18/94</i>
Other names used by individual: <i>Joseph (middle name)</i>			
Mailing address, city, state and ZIP of individual: <i>Oregon State Hospital, Leaf 2, 2600 Center St NE, Salem, OR 97301</i>			
Phone ID / Case number / SSN: <i>647-20-2350</i>		E-mail address of individual (optional):	
I want to: (select only one): <input type="checkbox"/> Review the record <input checked="" type="checkbox"/> Receive copies			
Program or agency holding record: <i>Oregon State Hospital</i>			
List the type of record or information requested: <i>all records on file</i>			
List the dates or time period for the record requested: <i>11/3/22-12/10/22</i>			
If receiving copies, select the preferred format to receive the record: <input checked="" type="checkbox"/> Mail <input type="checkbox"/> Email <input type="checkbox"/> Pick up in person <input type="checkbox"/> CD <input type="checkbox"/> Other portable electronic media			

- We may not be able to provide access to, or copies of, some records or information including but not limited to:
 - Psychotherapy notes
 - Records or information that is no longer available
 - Records you are not entitled to receive under law, Oregon Administrative Rule, or Agency policy
 - Records not contained in the designated record set
- If we deny all or a portion of your request, you have a right to request a review.
- You may be charged a fee for copying your records.

Individual Acknowledgement

Full legal signature of individual or a person legally authorized to act on behalf of the individual:

Sam Park Barett

Date: *12/9/22*

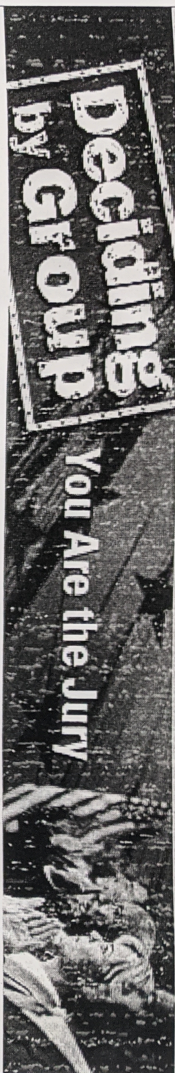
Legal last name of representative (if applicable):

First name:

MI:

Personal representative authentication:

Relationship to individual:



PART 1: THE CASE

Read the paragraphs below concerning a fictional criminal case. Then answer the questions in Part 2. Do not discuss your answers with your fellow jurors.

On October 12, an intruder broke into the town art museum, smashing through an office window sometime between the hours of 2 and 4 A.M. At 4 A.M. the museum security guard noticed that three paintings were missing from the museum. He immediately called the police, who searched the museum and found two other items missing: a pair of replica crowns from 15th-century France. The police found muddy footprints at each crime scene.

On December 14, Robert Smythe attempted to sell a replica 15th-century French crown to a pawnshop. The shop owner contacted the police, who searched Smythe's home and found a second replica crown and a large collection of swords and armor. They also found a pair of shoes that matched the muddy footprints found at the museum. They did not find any of the stolen paintings. Robert Smythe maintains that he is innocent and that he collects European antiques. He states that he bought the crowns on the Internet and later decided to sell them.

PART 2: JUROR NOTES

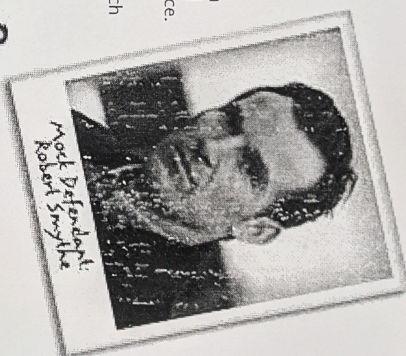
1. What evidence in the case indicates that Smythe is not guilty?
2. What evidence indicates that Smythe is guilty?
3. Based on the evidence, would you find Smythe guilty or not guilty? Why or why not?
4. Is there anything in the case that would change your decision?

PART 3: OFFICIAL JUROR FORM

Work together ~~in groups~~ to decide whether Robert Smythe is guilty. Everyone in the jury must agree before you can offer a final verdict. When you have reached a decision, answer the following questions.

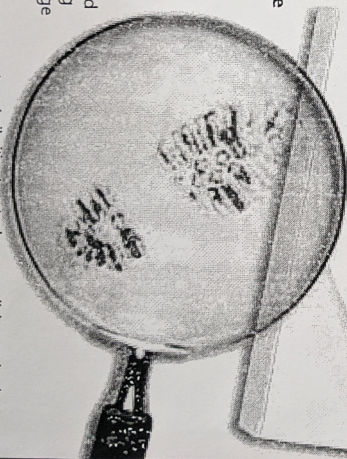
1. Did the jury conclude that Robert Smythe was guilty or not guilty?
2. Was the jury verdict the same as or different from your individual decision?
3. If the jury verdict was different, what made you change your mind about the decision? If it was the same, did anyone with a differing opinion present any evidence that almost convinced you to change your mind?

DISCLAIMER: The people and scenarios portrayed in this lesson are fictional representations. Any similarities to actual persons, living or dead, or events, past or present, are purely coincidental and unintentional. Photos, top to bottom: © Rubberball Images/Getty Images; © Digital Vision/Getty Images; © Digital Vision/Getty Images; © Image Source/Getty Images; © John Foxx/Stockbyte/Getty Images; © David Toase/Photodisc/Getty Images; © Ryan McVay/Photodisc/Getty Images.



Reasonable Doubt

In the United States, a person accused of a crime is innocent until proven guilty. A jury may not find a person guilty if there is reasonable doubt of his or her guilt. If the evidence presented does not reasonably convince the jury of a person's guilt, they must find him or her not guilty.



To Jury: what motivates them to prosecute me?

